



**CHECKING ACCOUNT INQUIRY**  
**MUST BE COMPLETED BY CLIENT & CLIENT'S BANK**

Name of Client: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account:      Business      Personal

Checking Account #: \_\_\_\_\_

**PLEASE NOTE: ALL PAYROLLS WILL BE DELIVERED C.O.D. (CERTIFIED FUNDS) UNTIL  
A SATISFACTORY INQUIRY IS RECEIVED BY ADVANTAGE PERSONNEL RESOURCES, INC,  
FROM THE CLIENT'S FINANCIAL INSTITUTION.**

**CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the below information including the number of returned items if any to be released to  
**ADVANTAGE PERSONNEL RESOURCES INC. located at 4907 NW 43rd Street, Ste B, Gainesville Florida**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BANK USE ONLY**

Date Account Opened: \_\_\_\_\_ Avg. Daily Balance/Current Available Balance: \$ \_\_\_\_\_

Line of Credit Account: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number of NSF's in the Last:    30 Days: \_\_\_\_\_    90 Days: \_\_\_\_\_    180 Days: \_\_\_\_\_

**Bank Representative**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**This section is required for client's evaluation.**

**FAX TO: 1-866-203-0907**  
**ATTN: APR Finance Department**